To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jai Committee to PO Box 2569 Madison, WI

Please include your conta

THE MUNICIPALITY	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: Scotts Brunnth Sign: Super	Street: N7450 HWY ES PO BOX 344 City: Elast Troy zip: 53/20	© Town □ Village □ City TROY (Municipality Name)	01/03/20[2 (Month) (Day) (Year)	BILICKU Phone (262)
Print:Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ()
3. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ()
4. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	//20(Month) (Day) (Year)	Phone ()
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ()
I, Steve NELSON	Certification of Circulator (certify): I reside at U3865 Huy E.S. E) Kb	Ora W. TOWN C	of 1804	Circulators,

(Frinted Name of Circulator)	(Circulator's Residence - Street Name and Number) 536	(Circulator Municipality)
I personally circulated this recall petition and personally obtained each of the signamed in this petition. I know that each person signed the paper with full knowle recall petition. I am aware that falsifying this certification is punishable under S.	edge of its content on the date indicated opposite his or her name. I know	their respective residences given. I support this
(Month) / 11 /20/2 (Year) (Signature)	2 Malow gnature of Circulator)	Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madis PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING CONTA Rural address must also include box or fire no. (Indicate Town, City, or Village) 1. Email Joan Goedland Town Phone ☐ City 53120 (263) G Email Sardra J Marky Sandy Willage Mukumag Phone 3. Email □ Town Village City Phone 4. Town Village ☐ City Email 5. Town 113/2012 ☐ Village 1) wand, ☐ City 6. Email Phone Email Street: 1214 RIVERTON Der □ Town 1/13/2012 **Village** "CityMulew onago Phone Win 53149 JENSEN (a6a) 8. Email □ Town □ Village 13/2012 Phone 9. Email Town Village Vernon Joel Nomack Phone ☐ Citv 10. Email Street W243 S7400 REGENCY COURT **▼**Town 1/13/2012 NOOVOC PAUL O. NOWACZELL VERNOW (ZCZ)

	. 0	City: WACKESHE	zip: 53187	,	(Month) (Day) (1
_	Certifica	ation of Circulator			
I, Thomas Ann	<u> </u>	_, (certify): I reside at/1/93	BoulahL	anc Rd.	EastTrov
(Name of Circulator))		Residence – Street name d		(Circulator Municipality)
I personally circulated this recall petition and personally obtained	each of the signatures on this paper. I kn	now that the signers are electors of the jurisdiction	on or district represented by t	the officeholder named	in this petition. I know that each person sign
the paper with full knowledge of its content on the date indicated	opposite his or her name. I know their re	spective residences given. I support this recall p	etition. I am aware that falsi	fying this certification i	s punishable under S.12.13(3)(a), Wis. Stats

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CON
1. Patti Fragelle	e Rt. a Egg	Street: NS695 Beronja ld. City: EastTroy WI Zip: 53120	Trown Fastroy		Email Phone	
2. Cheryl Stenzel	0) 00/	Street: 1767102220810 Montpain De F34 City: Sussel W 219:53089	(□ Town □ Village	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Email Phone	
3. Janes Caner		Street: 2150 5 87 57 City: 10657 Six 13 Zip: 532 19	□ Town □ Village (1) 5 5 7 ECity	///20/2 (Month) (Day) (Year)	Email Phone	
4. SEAMUS LEAMY		Street: 3022 MAN City: F. F. P. D. W. T. Zip: 5, 2120	Town Grillage E. TROY City	9 /1 /2012 (Month) (Day) (Year)	Email Phone	
Michelle Lewis	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	street: 2055 Beulah Ave. city: East Trox, W zip: 53120	Uvillage East Roy	// /20 <u>12</u> (Month) (Day) (Year)	Email Phone	
6. Valerie Jaskiew		Street: St. Defers City: East Troy, WIzip: 53,120	Town Utiliage City East Troy	(Month) (Day) (Year)	Email Phone	
Juzanne Fitzgerald	1 Sugarne Fitzgerald	2027 M. 1. 64 10000	Village East Troy) /11/20 <u>12</u> (Month) (Day) (Year)	Phone (
8. BRADLEY DOEN -		1 1 1	Town Village PRING PIE	/ //3/20 <u>/2</u> (Month) (Day) (Year)	Email Phone	
9. Magaret Doen	Magawa Sar	Street: W1515 CO PdD City: Burling to n. WF zip. 53105	Town Spring Utillage Shurrle	/ //3/20/2> (Month) (Day) (Year)	Email Phone	
10. CRAIG LAKATOS	Cray Balsata	Street: 410 LI + NORS DR. City: MVKWCNAGO Zip: 53149	☐ Town ☐ V KWCVEC	//13 /2012 (Month) (Day) (Year)	Email Phone	
- A	Certification of	<u> </u>				
Thomas Anx		tify): I reside at 1/93 Bewah Law	ne Ru East T	<u> </u>	Circ <u>ul</u> a	lators , pl
(Name of Circu	•	(Circulator's Residence – Street name and	,	r Municipality) v that each person signed		Phone

ĺ		(BRADLEY LORN -		Street: W 1315 CNTYR	OD	U Village CO ING DIC	1/3/20/2	
		+		City: BURLINGTON WI	zip: 53105	Uillage PRING RIE	(Month) (Day) (Year)	Phone (
	9.	Mugaret Doen	Magawi Dr	Street: W1515 6 PdD		Town Jours	1 /13/20/2	Email
				City: Burley to n. W.T	zip:53105	City Phurle	(Month) (Day) (Year)	Phone (
	10.	PAIG	Cray Balsata	Street: 410 Unt pod	SOR.	■Town M V KWCVEC	1 /13 /2012	Email
		LAKATOS		City: MUKWINAGO	zip: 53149	☐ City	(Month) (Day) (Year)	Phone (
		•	Certific	ation of Circulator				
I, _		Tomas Anx	كأر	, (certify): I reside at _///93 [Sevlahlar	e Ry East T	roy	Circu
_		(Name of Circu			lence – Street name and		Munici y ality)	
				cnow that the signers are electors of the jurisdiction or respective residences given. I support this recall petition				-
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	XIII, Section 12 of the Wisconsin Con	G PURPOSES. WHEN DIFFERENT THAN MUNICIPALIT		NICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.	PO Mad
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING	F SIGNING CON
1.	William Meyer	Millan Myn	Street: 2111 5.105th. ST. City: West All's zip. 53227	Town West Allis 1/9 Village Wisconsin (Month) (Day)	Phone
2.	Eik Zlevor	21/1	Street: 3600 S Riveshire Dr #3 City: Greenfield WI zip: 53228		Email Phone
3.	ODD R. GORDON	Jodd R. Dordon	Street: 2219 STONECROFT DR. City: GRAFTON, WI zip: 53024	Town Village GRAFTON / (Month) (Day)	
4.	FRANCES MAJSZAK	Janus Majazah	Street: W135 S 7656 RAIN TREE CT City MUSKEGO, WI Zip: 53150	Town Village WUSKEGO 1/9 (Month) (Day)	
5.	Jesse spanaus	Jem Du-	Street: 9420 W. REGRES St. City: West Allis zip: S32-07	Town Village VCS+ (Month) (Day)	
6.	MATHLEEN	Kurten Mass	Street: 10315 W Dreyet PC CHY: 61044191918 W1 Zip: 53578	Town 1/9 Village Parcity Green Sield (Month) (Day)	Email Phone (Year)
7.	MICHELLE	Mirtille Qualson	Street: 3178 S. BY S+ #2 City: 1M1 CW120 (L122, Whip: 53220)		Email Phone ()
8.	Jeff Rober	5 ANPR	Street: N7176 Colbo Rd City: Burlingian zip: 53105	Town Burling Ton 1/9	Phone ()
9.	JANICE SPONJER	Janice Sponder	Street: 9635 W GRANT ST City: WEST ALLIS WI Zip: 53227		Email Phone (Year)
10.	Thereia Lutzen	Then my	according and Alex		7/20 <u>12</u> Phone ()
		Certification of			<u> </u>

イングンバア (Name of Circulator) (Circulator's Residence – Street name and Number) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Dan A Lueneburg		Street: 331/W Hwy G	Town Raymond.	////20/2
500, 71 200, 500, 50		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)
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0.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
Chenild. Luene		on of Circulator certify): I reside at 3311 W. H7UY	6 Caledon	ua 53108
(Name of Circ	culator) /	certify): I reside at (Circulator's Residence - Street name	e and Number) (Circulator)	Municipality)

the paper with full knowledge of its content on the date indicated opposite his/or her manner. I know that each person significance in the paper with full knowledge of its content on the date indicated opposite his/or her manner. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Month) (Day) (Year)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire 110.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONT
KATHERINE POLITOWSKI	Katherine Politowski	Street: 7780 W- Grange aug #308 City: Dreendale zip: 53129	Town Willage Gir Lendale		Email Phone	
2.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20 (Month) (Day) / (Year)	Email Phone)
3.		Street: City: Zip:	☐ Town☐ Village☐ City	/ /20 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	☐ Town☐ Village☐ City	/ /20 (Month) (Day) (Year)	Email Phone)
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7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone	
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10.	Certification	City: Zip:	— □ Village	, , , —	L)

			City:	Zip:	· .	(22)
		Cert	ification of Circulator	Megu	THE WIE.	•
	Laura Amili	ndsm.	(certify): I reside at	O W bonniwell	Rd MEQUE	5N
		of Circulator)		llator's Residence - Street name and		Municipality)
pe	ersonally circulated this recall petition and perso	onally obtained each of the signatures on this par	er. I know that the signers are electors of the	jurisdiction or district represented by the o	officeholder named in this petition. I know	that each person signed
ne	paper with full knowledge of its content on the	date indicated opposite his or her name. I know	their respective residences given. I support the	nis recall petition. I am aware that falsifying	g this certification is punishable under S.12	.13(3)(a), Wis. Stats.
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1. Jason C Leitner	Jason C'Jettner	Street: 2908 S. 675t. City: Mi/Wankee zip:53219	Town Uvillage Al City Worker	/2/27/20 <u>//</u> (Month) (Day) (Year)	Email A Phone (4/4) 7
Heatherleitner	Heather Leitme	Street: 2908 S. 6757. Dity: Milwankee zip53219	Town Village City Waukee	Q	Phone (4/4)
Herman Doernbach Herman Doer	inbach	Street: M, 1 way kee 53227 City: 31445. 98 zip: MILW	Town Village WY LWAYKE	/2/27/20// (Month) (Day) (Year)	Phone (414)
CAROIDOERNO	100	Street: 3/44 5. 98th M; / City: M:/waukee zip: 53227	Town Village WCity Milwaukee	12/27/20/1 (Month) (Day) (Year)	Phone (414) 3
Matthew Zahavias	Mttow Zelove	street: 1772 Juniper Circle city: South Milwaukee zip: 53172	Town South Village Milwaukee	7/28/20_1((Month) (Day) (Year)	Phone (414) 3
CAROLE J. DoernB.	x4 Capole Dounday	Street: 617 Sherman Ave Pay: South Milwauker, 53172	Town South South Milwaykee	12/27/20 <u>11</u> (Month) (Day) (Year)	Phone (414)
T. Edmond F. SKIBBA	Edman F. Shill	Street: 1230 Mt NEOF AVO. City: South Millian Kuro zip: 5.3172	Town South Village South Carrier Milwanker	/2/24/2011 (Month) (Day) (Year)	Phone (414) 7
Thomas Rogatek.	Thouar Rost	City: South William Witz Zip: 53172	Town Village South	/2 /29/20_1\ (Month) (Day) (Year)	Email Phone (4/4)
JOHN SOCIA	John Ed	Street: 103555 S. WILLOW CREEK IDK. City: OAK CREEK Zip: 53154	□ Town □ Village ORK CREEK PCity	12 29 20 11 (Month) (Day) (Year)	Phone (4/4) 8
Wayne T. Wogner	Wayne f Wagner	Street: 1624 Manistique 153172	Town South Village Milwanker	13 39 20 <u>11</u> (Month) (Day) (Year)	Phone (AM) 70
 Jeffrey W. Brown (Name of Circui	Certification (Lusa Kee	Circulators, please

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signer are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. Lynov their respective residence given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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	i	Return by Ja
	1	Committee to
	-	PO Box 2569
1	i	Madison WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA	
1. Print: May Negate Sign: My Negate	Street: 1033 5. 744 St City: Milw Wi 21p: 53214	Town Use City (Municipality Name)	/2/5/20// (Mosth) (Day) (Year)	Phone ()	
2. Print DICOL SCAVEC	on: West Allis 210:53214	Town Village Village (Municipality Name)	12/5/2011 (Month) (Buy) (Year)	Phone ()	
sign: FULVID Pare S.	Street: 1007 574577 City: WEST AUSER: 53214	O Town O Willage Scorry (Municipality Name)	/2/5/20/// (Meach) (Day) (Year)	Phene ()	
4. Print: Vancosa Parcon Styre: Vancosa Parcon	Street: 905 5.73 Chy: 11054 Allis 24, 53214	Town Willage West All's (Municipality Name)	12 /5/2011 (Month) (Day) (Year)	Phene ()	
Frint: Jonatham Garcia	Street: 905 5: 73 Chy: 4505+A1115 21px 53214	Town Village RClity (Municipality Name)	Z S 20 ! (Year)	Phene ()	
1, TAHM VALMER (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 1215 1415 (Circulator's Residence - Street Name and Na	CITY OF WEST AL (Circulator Munic)	(15 ipality)	Circulators,	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$.12.13(3)(a) Wis. Stats.

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(Day)

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(Signature of Circulator)

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Email

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Committee to PO Box 2569

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1. Print: Juan R Nieves Sign Ruieves	Street: 905 S. 731 d St Chy: WeSt AlliS 219: 53214		/2/5/20/1 (Month) (Day) (Year)	Phone (
2. Prist:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Bmail Phene	
3. Print:	Street: Chy: Zip:	☐ Town ☐ Willage ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone	
4. Print:	Street	☐ Town ☐ Vallage ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone	
5. Print:	Chy: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Monith) (Day) (Year)	Email Phone	
I, LEAN JULIANTE (Printed Name of Circulator) I personally circulated this recall petition and personally named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification	Certification of Circulator (certify): I reside at 1215 5 74+4 5+ (Circulator's Residence - Street Name and obtained each of the signatures on this paper. I know that the signers are else paper with full knowledge of its content on the date indicated opposite his	Number) (Circulator Municipal Control of the jurisdiction or district represented by the corner name. I know their respective residences given	odliry) officeholder a. I support this	Circulators, Please include your c Phone (Braal	
(Month) (Day) (Yes	(Senature of Circulator)	Page No. (Official Use O	Only) #		

(Signature of Circulator)

(Day)

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1. Joyce Kastern	Janu Kastern	Street: 820 Andover Dr. City: Eagle W1 zip: 53119	Town A Village Cagle	/2 /28/20// (Month) (Day) (Year)	Phone (ZI	MiJo
Michael Kastern 3. Sarah Freson	Michael Kastern	Street: 800 Andover Dr.	□Town Village □City Eagle	12/28/20// (Month) (Day) (Year)	Phone (2	Nijo 262)
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Carol Knoernsc	Certification	of Circulator	so H Fort T			

(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. Leupport his recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Month) (Day) (Year)

Circulators, plea

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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, (certify): I reside at N8566 Booth Lake Hs. I Larol Knoernschild (Name of Circulator) (Circulator Municipality) (Circulator's Residence - Street name and Number) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given, I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Circulators, plea

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leather C. Thompson	- Theother Mupson	Street: Dillo E. Newberry 13/Vd City: Milwoulee zip: 53211	Town Willage Willwankee	//3/20 <u> </u>	Email Phone
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			Certification of Circulator			·
I, _	DAVID KNOERNS	CHILD	, (certify): I reside at MSS	We BOOTHLAKE G	to EAS	TROY
	(Name of Circ	ulator)	(Circ	culator's Residence – Street nan	ie and Number)	(Circulator Municipality)
I pe	ersonally circulated this recall petition and personally of	otained each of the signatures on the	is paper. I know that the signers are electors of the	e jurisdiction or district represented	by the officeholder named in this pe	tition. I know that each person signed
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janua Committee to R PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC	
erint: Lashante Mare	Street: 6746 A CSA VACA	□ Town □ Village □ City	/ / /20 / /20 (Month) (Day) (Year)	Email	
sign:	City: Mi Waulee zip: WI	(Municipality Name)	(-3)	(44)	
2. Print: Marson + Waller	Street: 5201 13 45 87	☐ Town ☐ Village		Email	
Sign:		City (Municipality Name)	(Month) (Day) (Year)	Phone	
3.	City: VIII WALLE Zip: WOALS			Email	
Print: Loretta Luna	street: 4635 S. 23 St. #4	□ Town □ Village City	1 /13/2011	Phone	
sign: trolladura	city: Milwankee zip: 53221	(Municipality Name)	(Month) (Day) (Year)	(414)	
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Mariluna	Certification of Circulator (certify): I reside at 4635 S . 23 St. #	e Milionia		1	
I, Mari Llud (Printed Name of Circulator)	(Circulator's Residence – Street Name and I			Circulators, Please include your conta	
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Committee to PO Box 2569 Madison, WI

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/ t	Evelyon Rodomski LEL EVELY RADAMSKE	Street: 1704 Marquette ave	Town Village Scity South Mulwankee (Municipality Name)	/ / 9 / 20 <u>1</u> (Month) (Day) (Year)	Phone (4/4)
2,	CATHERINE STASKAL	Street: 326 E Oak Fance Coop check zo: 53157	□ Town □ Village ☐ City (Municipality Name)	/ / / 20 / 2 (Month) (Day) (Year)	Phone (4, 4
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	LORRAINE E. LAST (Printed Name of Circulator)	Certify: I reside at 92655. CHICAGO (Circulator's Residence – Street Name and Nu		EEK icipality)	Circulators,

sonally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder ed in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this 1 petition. I am aware that falsifying this certification is punishable upder S.12.13(3)(a), Wis. Stats.

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1. Jaming detser	Januarpata	Street: 4001 S. 35#1 ST HD+#17 City: (1/20/162/1) zip: 53221	Town Uvillage City Len 64 Kl	//3/20 <u>12</u> (Month) (Day) (Year)	Email Phone (4/4) 3	
ROMAID BULA	Jund Sol	Street: 2212 N. 72 nd H. City: WAUW47054 zip:53213	□ Town □ Village SECity LANA ATESA	(Month) (Day) (Year)	Phone (YM)	
3. Awren Frost	John This	Street: 8222 W. Ve annows City: Milwaulter zip: 532141	Town Usillage City Muskep	// 3/20 L (Month) (Day) (Year)	Phone (L//L/)	
Ernest otto	Come OAGO	Street: 2330 5 72nd St 417t 4 City: West 1111/5 Zip: 53227	Town Uvillage PCity WEST flus	1/13/2012 (Month) (Day) (Year)	Phone (414) 4	
5. Brian Paszkiewic	2 Brion Paszkiewiez	Street: 6141 W STEVENSON ST City: MILWA UKEE WIZID: 53213	Town Utilage Reity MILWAUKEE	//3/20 <u>12</u>	Phone (4/4)	
6. Bryan Schneider	3 AD Dru	Street: 1/229 W National 15+265 City: Wast Allis WI zap: 53227	Town Was + Allis Village Dicity Market	1 /13 /2012 (Month) (Day) (Year)	Phone (414) 7	
JOHN A. KOZENIECKY	Mar	Street: 4307 5 TODD DRIVE City: GREENFIELD 21153228	Town Village GREENFIELD) /3/20 <u>12</u> (Month) (Day) (Year)	Phone (1) 37	
8. Juanita Conzalez	Juanila Langle	Street: 3409 N 53Rd St Zy: Milw WI zip: 53216	Town Willage GCity MILWAUKEE	- 1/13/2012 (Month) (Day) (Year)	Phone (4(4) 8	
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NHIVID KNUERNACHICO (certify): I reside at NOSOBISTIAN MARKETYO (Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or beginning the paper with full knowledge of its content on the date indicated opposite his or beginning the paper with full knowledge of its content on the date indicated opposite his or beginning the paper with full knowledge of its content on the date indicated opposite his or beginning the paper with full knowledge of its content on the date indicated opposite his or beginning the paper with full knowledge of its content on the date indicated opposite his or beginning the paper with full knowledge of its content on the date indicated opposite his or beginning the paper with full knowledge of its content on the date indicated opposite his or beginning the paper with full knowledge of its content on the date indicated opposite his or beginning the paper with full knowledge of its content on the date indicated opposite his or beginning the paper. I know that the signer is a signature of the paper with full knowledge of its content on the date indicated opposite his or beginning the paper with full knowledge of its content on the date indicated opposite his or beginning the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its co (Signature of Circulator) (Month) (Day) (Year)

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☐ Village Email □ Town □ City (4/4) 4

Danie K	Certification of Circulator	
I, DAVID KNOERNSCHILD	, (certify): I reside at N 8566 BOOTH LAKE HTS	LAST / ROY
(Name of Circulator)	(Circulator's Residence - Street name and Number)	(Circulator Municipality)
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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator) (Month) (Day) (Year)



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D. Karen Bula	Daion Bula	Street: 2212 N. 72rd St. City: Wall Watosq, W zip: 53213	Town Village Vary 105a	/ / 3 20 12 (Month) (Day) (Year)	Phone (##
2. Melist Snorth	MSMHZ	Street 8220 VU. CONNUTST City: MI/WALIKER, WIZID 53214	Town Village Milwalla	/ /13/20/ <u>O</u> (Month) (Day) (Year)	Email Phone 4
Barbara Evans	Bac	Street: 2/31 S.954h 5+ City: West Allis zip:53227	☐ Town ☐ Village	//3/2012 (Month) (Day) (Year)	Email Phone
4. FIRMUERANDAL	Rain Remobel	Street: 2550 324th S1 City: MINANGE USI Zip: S5215	Town Willage MIWAUCO	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Email Phone
5. Tim cthy Washnes	tun Tamotor ly hat	Street: 225 MHR 3957 Street: 225 MHR 3957 Street: 22553295	Town Utilage OCity	//3/20/2 (Month) (Day) (Year)	Email Phone
6. Darlene Blather	Fralu Bealton	Street: 2745 N Sherman City: M, 16 x Velzip: 55210	Town Utillage Milwacker	(Month) (Day) (Year)	Email Phone (4/
7. Christopher Grovan	Church Han	Street: 3247 S. 99,14 St City: Milwauker zip: 53227	Town Village City Milwavee	1 /13/2012 (Month) (Day) (Year)	Email Phone
8. Sherri Friedrich	Seri Fredrich	Street: 1600 0 5 BOTHANE City: New BOTHA Zip: 53151	Town Village NEW Ser In	1 12/20 <u>12</u> (Month) (Day) (Year)	[] Thom: (a) 4
"Joseph Roberts	Jose Stilded	City: Oak Creek zin \$3,154	Town OAK CREEK	$\int_{\text{(Month) (Day)}} \frac{37}{20} \frac{12}{\text{(Year)}}$	('+//
Gerald Schumache	e Mar	Street 3332 N. MAYFAIR REL CHYWAUWATOSA Zip: 53312	•9	//3/20/1 (Month) (Day) (Year)	Email
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DAVID KNOLKNSCH (Name of Circu		ify): I reside at <u>N8566B007H LAKE H4</u> (Circulator's Residence – Street name an			Circulato

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her pame. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

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(Signature of Circulator)

Circulators, please

Email

(Circulator Municipality)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
JAMES C. DEAN, Jr.	James Clean, Ja.	Street: 4/60 N. 104 St. 4## 205 City: M. M. WAUKEE Zip: 53222	Town Village Milwaukee	/ 4/20 <u>/7</u> (Month) (Day) (Year)	En
JAMES G GREITEN	Jano D Dit	Street: 3214 SOUTH 99 ST. City: MILWAVILLE WI Zip: 53227	☐ Town ☐ Village SCity MIL WAVIS OF	//4/20 <u>/-2</u> (Month) (Day) (Year)	Pn
Chris Crompton	Cl A	Street: SA33 S. Wallwar Li # 205 City: Wast Alis Zip: 53727	Town Village Wast Allis	(Month) (Day) (Year)	Fis
160yla Lemanske	Rayla Lemanske	Street: 3230 S. 121 S+ City: West AMS zip: 53227	Town Vest Allis	/9/20 <u>1</u> /2 (Month) (Day) (Year)	
MARIAN MATTES	marian matter	Street: RO 91 S. 109 mb B. Unit B City: WEST ALLIS Zip: 53397	□ Town □ Village □ City WEST AVUS	/9/20/2 (Month) (Day) (Year)	
Dan Krupp	Fan Fruge	Street: 1228 5, 110th St, City: West Alli's 21p53214	Town West All's	1/9/20 <u>12</u> (Month) (Day) (Year)	
ROBERT J. DAVIS	Robert Jois	Street: 2481 5, 109 57. City: WEST ALLIS Zip: 53227	Town Uvillage City WEST ALLIS	o // 0 9/ 20 // 2 (Month) (Day) (Year)	Ph
Charlotte Schroeder	Charlotto Enrace	Street: 10221-187 ave Fity: BRISTUL WIZIP: 5-310 4	Town Willage BRISTOL	/ 9/20 <u>/2</u> (Month) (Day) (Year)] [``
"JAREDS FLANNICE	Manaldaga	Street: 3601 A 5 9151-51- City: Milwewhere zip: 53225	Town Village Milwakee	(Month) (Day) (Year)	
Jeanne Tabaka	Joonse Mataka	street: 01464 W. Plainsfield City: Greenfield zip:53338	Town Village City Cover Field	/9/20/2 (Month) (Day) (Year)	En
	Certification of				

DAVID KNOERNSCHILD N8566 BOOTH LAKE HTS Circulators, please: (Name of Circulator) (Circulator's Residence – Street name and Number) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Email

(Month)

(Day)

(Year)

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Lisa Zinzow	hisa Zingon	Street: 3022 Main St City: East Troy 21053120	Town East Troy	///2/20/2 (Month) (Day) (Year)	Email Spelling Phone
2. Daniel Laftoon	Daniel Leffor	Street: W 4163 St. Rd. 26 City: East Troy zip: 53120	Prown City Troy	////20/2 (Month) (Day) (Year)	Email Phone
Judith Jordan	Judith Jordan		Town AK Village City EAST TROY	///20 <u>//</u> (Month) (Day) (Year)	Phone
4. Carl Jaskiewie	1019	streely 2143 St Peters Rd City: Egg T Troy Wizip: 53120	☐ Town ☐ Village	/ / 1 / 20 (2 (Month) (Day) (Year)	Email Phone
5. Robert Bekonsky	About Brokenky	Street 362 Sn. 73 Cit West Allis Zip: Wi	□ Town □ Village ■ City West ALL, S	///20 <u>/2</u> (Month) (Day) (Year)	Email Phone
6. Shown Men, th	Show Ment	Street: NO35 CL Vannoy Dr City: Wh. towafer wt Zip: 5340	Village Coldspring	/ // /20/Z (Month) (Day) (Year)	Email bine the Phone (222) 7
Wendy Fitch	Kendy Fitch	street: 1934 Edwards ST # 7 city: Fast Troy zip: 53120	Village East Thon	1/11/201 <u></u> (Month) (Day) (Year)	Phone (263)
JAMES RUMPH		Street: 2038 N 2474 ST City: M.Lw, W(Zip: 53205	Town Official City MILWAUKEE	1 / 13/20/2 (Month) (Day) (Year)	Phone (414) 3
" Shana Fields	Drawa Fr	street: 1707 N Prospect +10C city: Milwanker zip: 53-202	Town Village M, LWanke	//2/20// (Month) (Day) (Year)	Phone (MM) G
10. Malony smith	marks te	Street: 1935 W GINLONAST. City: him , MANGE Zip: 5725	□ Town □ Village □ City M . \with \	/3 /20 (2- (Month) (Day) (Year)	Phone (176) 5
Certification of Circulator					

Circulators, please Email

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	1. Yndira Lopez	Gadira Fopey	Street: 2505 S. 11th 5t. City: Milway Kee zip: 53215	Town Williage Milwaukee	1/4/20 <u>13</u> (Month) (Day) (Year)	Email divalo
	2. PATRICK GRUNCKI	Thick Stroneli	Street: 7865 S 667457	□ Town □ Village City FRANKLIN WI	/ /4/20/ <u>2</u> (Month) (Day) (Year)	Email
	Janice M WENZEL	Janice M. Wengel	Street: 7413 W Tripoli Ave	Town Uillage Mi) waukee	1 /4/20/2 (Month) (Day) (Year)	Phone (262)29
	4. Kristal Melbye	Kustal Mely	Street: 7224 N. Crossway Rd City: Fox Point zip: 53277	Down Willage City For Point	/ b /2017 (Month) (Day) (Year)	Email
	Brianna Brown	Proposition primery	Street: 3433 5 Walnut Rd City: West allis zip: 5327	Town Village Wes A Augs	1 /4 /20/3 (Month) (Day) (Year)	Phone (414) 30
	SANG S. LIM	FOR PALBON DR	Street: 621 BALBOA DR CHYDBU BIRLU ZIPABILLI	Town PRW BORHA	/9/20/2 (Month) (Day) (Year)	Phone ()
	PATRICIA A.HEPP	Patricia a. Hepp	Street: 20915.102ml St. Unit B City: WEST ALLIS WI 21053227-1383	Town VEST ALLIS	/9/20/2 (Month) (Day) (Year)	Phone (HY) 3.
	8. JASON BEAR!	THE SECTION OF THE PROPERTY OF	Street: 401 & GEREN TREE PO City: FOX POINT W Zip: 53217	Town Village City	(Month) (Day) (Year)	Phone (4141)
	Kenneth Pace	Kint Bose II	Street: 10406 in Hayes 53227 City: West Allis Zip: 1	Town Uillage West Allis	1/9/20_12 (Month) (Day) (Year)	Phone (114) So
	Tim LKirchne	um thuchne	Street: 366 W 150 60 Wood onl) City: MUS Kaff WI zip: 53150	Town Village City Muskegs	/ /9/20/2 (Month) (Day) (Year)	Phone (7/4) 4
_	DAVID KNOFRNSCHILD	Certification of		Trans.	,	
ſ,	DAVID KNOERNSCHILD (Name of Circul		ify): I reside at <u>N8566 BOOTH LAKE H</u> (Circulator's Residence – Street name and	d Number) EAST TROY		Circulators, please i

Phone (26

Email (

(Signature of Circulator)

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(Month)

(Day)

(Year)

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1. Miroslav Rybav		Street: 161 N. 73rd Steet City: Milwark ee Wit zip: 53213	Town Village Milwark ee	12/27/20// (Month) (Day) (Year)	Email Fierographone (414) 4
Charlotte Caik!	nsti Carllisky	Street: 5027, 5, 355T, City: Greenfield, Wizip: 5322	Town Village Creenfield	/ 3/2720 <u>//</u> (Month) (Day) (Year)	4114,29
FRANK J. GOANIEC	Frank & Mancie	Street: 12975 W. HAW HORNELD AVEW BERLIN 2053151	Town Village Strict BERLIN	/2/29/20 <u>//</u> (Month) (Day) (Year)	Phone (4/4) 43
Many Sheyrer	Mary Sheares	streed 0315 " Greenfield City: Wast Allis zip: 53214	Town Uset Allis	(Month) (Day) (Year)	Phone (CIL) 2
Ellen Stima	Eles Stime	Street: 1760 S-0.116 \$ 5 City: Wost Allis, 21053214	Town Village City Loc of Allic	/ / /20/ <u>Q</u> (Month) (Day) (Year)	Phone (414) 2
Rebecca Malko	Releces Malko	Street: 28240 Nolake Dv City: Water Ford zip. 53185	Town Uillage Waterford	/4 /20 <u>12</u> (Month) (Day) (Year)	Phone (262) 66
Matt 2. Zeltak	neat 3 Zall	Street: 3000 Rect River Pury City: West Allis zip: 53227	Town O'Village Dest Allis	(Month) (Day) (Year)	Phone ()
DARRENK BALL	Defent Bac	CHY. MAUWATUSA 210:53226	Town Village: WAJWATOSA	(Month) (Day) (Year)	Phone
Mary E. Mirr	Mary Elliss	Street: W2403 Valley Rd City: East Froy, Wil zip: 53120	Town AK Uvillage City EAST TROS	/ 4/20/2 (Month) (Day) (Year)	()
Linda L Addens	Luda J andrews	Street: 13 4 West NOLTS 57 +10) City: Would Sta Zip: 73186	Town Village WAUSESh	/ 4/20 <u>f2</u> (Month) (Day) (Year)	Email Linck 031 Phone
0	Certification of	of Circulator	A 1		
DAVID KNOERNSCH	/CP (certi	fy): I reside at N8566 BOOTH LAKE	HIS EAST	ROY	a

Circulators, please in Phone

(Circulator Municipality)

Email

(Signature of Circulator)

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(Name of Circulator)

(Year)

(Month)

of Circulator)

(Circulator's Residence - Street name and Number)



(Name of Circulator)

(Year)

(Month)

(Day)

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Janual Michael	Johnsmitay	Street: 1450 5 Mb # 17 City: MMWaMS2 Zip: 53344	Town Village Mluxular Scity	(Month) (Day) (Year)	Phone (
2. Mark Hanson	Manyl	Street: 21025. 661 St City: Wast Allis zip: 53219	Town Village Deity West Allic	1 2 /2 /20 11 (Month) (Day) (Year)	Phone (414)
3. Zach Seefeld	Zachory Sufelol	Street: 3004 5, 132nd St City: New Berlin zip: 53151	Town Village New Bedin	12/37/20_1/ (Month) (Day) (Year)	Phone (26.2)
4. Havvah Hengst-Pikalek	Have A Hery-Rehaleh	street: 4586 \$\frac{440}{85}\$. 20 th St. City: Milwaukee zip:53221	Town Village City Mi/Wantee	12/27/20 <u>4</u> (Month) (Day) (Year)	Phone (4/4) Z
5. JAMES DUNAND	Por Amor	Street: WJUNIU43 HILLY COP City X2 EVENDANTOUS N Zip: 5 3 CX	Town Oklage TCity Germantown	(Month) (Day) (Year)	()
6. Julayne Becker	Julame Becker	Street: 2417 So Sunnys Jope Rd City: Naw Berlin W zip 53151	Town Village Village Derl, N	13 27/20_11 (Month) (Day) (Year)	Phone 262) 7
7. Karen D. Hayek	Karen i Hayek	Street: 1357 50. 114 STreeT City: WesT Alh(S zip: 53214	Town Village AK		Phone (M/4) &
8. Erika JAMPS	Eka James	Street: 2120 5. 70+h City: West Allis zip: 53219	Town OK Village City West Allis	12/27/20// (Month) (Day) (Year)	Email James, e
nalcolly Hotal	Milden Hotel	suph 762 H. Chadwick Rd cust/endale WI 21053217	Town Styllage City Clendale	(Month) (Day) (Year)	Phone (414) 7
10. Sheryl Ross	Shyl Red	Street: 6529 W. Wells St.	☐ Town ☐ Village	(Month) (Day) (Year)	Phone (Y(4)
Certification of Circulator ω					
DAVID KNOERNSCHILD CONSIGN AND CONSIGN AND COLOR BOATH LANGE HAS FACT TVOY					Circulators vicasa
AND THE RESERVE OF THE PERSON					I ITCHIATORS whose

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(Circulator's Residence – Street name and Number)

Circulators, please incl

(Circulator Municipality)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Cynthia Starich	Circly Stacich	street: 19295 Timberline drive City: Brookfield, W1 zip: 53045	Village Brookfield	11 /24/2011 (Month) (Day) (Year)	Email CStarich 6 Phone (262)
2. Melissa Freinik	Melissa keinik	Street: 1342 Chesterwood come City: Pewcuysee, W/ Zip: 53072	Drown Pewachee	1 /24/2011 (Month) (Day) (Year)	Email MChiChl Phone (262)
3. Rinda Stone Linda Stone	Linda Stone	Street: 12117 W. Bluemound Rd City: Warwatesa, WI 21p: 53224	□ Town □ Village City Waxwatosa	1 /24/2011 (Month) (Day) (Year)	Phone (4/4)
anne Stone	AMMOSTONE	Street: 34 Wilzerh St. City: Whunatos A, W Zip: 53226	Town Village City WHUWFLOOM	(Month) (Day) (Year)	Phone 414
5. CINDY STONE	Dow	Street: 2705 3. 484-84. City: MIWOUKO 5. W.Jp. 53219	Town Village VI WACKS	Month) (Day) (Year)	Phone HY
6. Chuck Aprahamia		Street: 3320 Mourtain Dr. City: Blockfield, W/ zip: 53045	Town Village BROOKFIELD	11 2420 <u>11</u> (Month) (Day) (Year)	Phone #44
7.		Street: City: Zlp:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Phone ()
8.	·	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone ()
9.	· .	Street: City: Zip:	□ Town □ Village □ City	//20(Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
Certification of Circulator					

		Street:		→ Village	/ /20[
				□ City	(Month) (Day) (Year)
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_	0	Certification of Circulator		0 0 0 0	· ·
I,	Christine M. Stone	, (certify): I reside at	3320 mountain I	Irive Blookfield,	<u>N) </u>
	' (Name of Circul	lator)	(Circulator's Residence - Street name as		Municipality)
		ained each of the signatures on this paper. I know that the signers are elector			
the p	paper with full knowledge of its content on the date indic	ated opposite his or her name. I know their respective residences given. I s	upport this recall petition. I am aware that falsify	ying this certification is punishable under S.12	2.13(3)(a), Wis. Stats.
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	/	City: WAUWATOSA,	W/ zip:532/3	City	(Month) (Day) (Year)	(414)
4.		Street:		□ Town	/ /20	Email
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ANN LIENTZ		_, (certify): I reside at 1728 W			watoss	Circulators, pleas
(Name of Ci sonally circulated this recall petition and personally	obtained each of the signatures on this paper. I kr	now that the signers are electors of the jurisdi		the officeholder named in this petition		Phone (4
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$\frac{1}{\text{(Month)}} / \frac{3}{\text{(Day)}} / \frac{20}{\text{(Ye)}}$	<u> </u>	(Signature of Circulator)			ge NorgofficitatUse Only)	LJOAN.

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Print: Evelyn Brewer Augli on Bangar	street: 12895 W. Grange Ave.	Town Ulifum City NOVI	11 /15/2011 (Month) (Day) (Year)	Email Ebyewer Phone	
Sign: Well Turne C	chy. New Berlin zap. 53151	(Municipality Name)	(Nonia, (Bay)	(414)	
Print: IJABARA LYNCI	To 12895 W. GRANGE AVE.	☐ Town ☐ Village ☐ City	41.600	Email	
Sign: Dahn Ima	City: NEW BERLIN ZID: 53151	NEW BERUN (Municipality Name)	(Month) (Day) (Year)	Phone ()	
3. Print: Craig Brewer	Street: 12895 W. Grange Ave	□ Town □ Village City	11/15/2011	Email	
Sign: Conflor	City: New Berlin zip: 53/5/	New Berlin (Municipality Name)	(Month) (Day) (Year)	Phone (4/4) 6	
Print: Barbara Lasko	Street: 2031 S. 710+h Street	□ Town □ Village ☑ City		Email barbara	
sign: Barbane Yaske		(Municipality Name)	// //6/2011 (Month) (Day) (Year)	Phone (414)3	
5.	civilvest Allis zip: 53214	☐ Town ☐ Village		Email	
Print:	Street:	☐ City (Municipality Name)	/ /20	Phone	
Jigo;	Clim	(Municipality (Marite)			

	Certification of Circulator I reside at 12895 W. Grange Ave	e New Berlin
// (Printed Name of Circulator)	(Circulator's Residence - Street Name and Nu.	mber) (Circulator Municipality)
U	•	, (,,
I personally circulated this recall petition and personally obtained ean named in this petition. I know that each person signed the paper with	full knowledge of its content on the date indicated opposite his or	rs of the jurisdiction or district represented by the officeholder her name. I know their respective residences given. I support this
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(Signature of Circulator)

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Éva Robar-OrlicH	Svalda. Och	street: 2938 S. 1542 84 City: Milwaykee zip: 53215	☐ Town ☐ Village ☐ City	11 /24/2011 (Month) (Day) (Year)	Email Phone	
Melissa Fisher	Monda	Street: 1821 Manitawac Are City: SastiMilwail Kee 219: 53172	□ Town □ Village □ City	11/24/20 <u>11</u> (Month) (Day) (Year)	Email Phone	
Eva Robor-Orlich Melissa Fisher Sarah Fisher	Sarah tokes	Street: 1730 Marquete Ave	□ Town □ Village ☑ City	// /2 // 20]]_ (Month) (Day) (Year)	Email Phone	
DAVID ORLICH	Don't Orlich	Street: 1604 CLARKET CHYSOUTH MILLANTEE ZID: 5372	☐ Town ☐ Village	/7/20 <u>\</u> (Month) (Day) (Year)	Email Phone	
5. Susan Orlich	Susan Orlie	SITEGET / COPK CT.	☐ Town ☐ Village City	[2/7/201] (Month) (Day) (Year)	Email Phone	
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Elizabeth A. Oslich (Name of Circusonally circulated this recall petition and personally of	Certification , (cert		d Number) (Circulator	Municipality)	Circulate Pho	tors, plea

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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5. Alberto Hered Street 717 w Chen bers City Village City: M. W. W. K. E. Zip: 53210 (Municipality Name) (Municipality Name) Certification of Circulator Certification of Circulator Ward Wellie at 4226 5. 46 54 (Circulator's Residence - Street Name and Number) Circulator Municipality) Phone Circulators, Please include your car Phone Phone	Mark Riddle 4. Qualite, Nelson son Jevenila Plebert	since 3013 N 21th Street	Ocity Milwithe	(Month) (Day) (Year)	Phone ()
Certification of Circulator 1 WADA UCCOIX (certify): I reside at (Circulator's Residence - Street Name and Number) (Circulator Municipality) Circulators, Please include your configuration (Circulator's Residence - Street Name and Number)	Print: Alberto Hovere	street 2717 w Chen bers	Village City MI/W		
	1. WARA Mc (wit & (Printed Name of Circulator)		Number) Wille 40 F	nicipality)	Please include your cont Phone

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or distributed in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their responsed in this petition. I am aware that falsifying this certification is punishable under S.12.12(3)(a), Wis, Stats. Page No. (Official Use Only)

(Year) (Day) (Month)

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madiso THE MUNICIPALITY USED FOR MAILING PURPOSES. WHEN DIFFERENT THAN MUNICIPALITY DATE OF SIGNING PRINTED NAMES OF ELECTORS CONTAC SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE Rural address must also include box or fire no. (Indicate Town, City, or Village) Email ☐ Village Phone City Email ☐ Town □ Village Phone 53219 City City Email Street: 1533 5. 92 rd □ Town □ Village West Allis Phone City zip: 53214 Email ☐ Town Milwaukee zip: 53228 Email Cathy Arrowald Phone Email Nicholas Aiello Phone zip: 53213 Uvillage West Allis Eileen Phone Email Village West All'S Town Village Richt City Horeswicol Phone city: Brookfield Email Town Williage Wilwarker street: 5301 west Nebraska ave 12/12/2011

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scot Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Print: Spok Graboski	street: 8105WLOCTZINEP1 city: Milwaukee zip: 53222	Town Village City. (Municipality Name)	12/10/2011 (Month) (Day) (Year)	Phone ()
Print: AVERY TENICINS Sign: Query Tenico	Street: 3463 N. 75-14 City: MILWAUKETZip: 53222	□ Town □ Yillage ■ City MIL WHUKEE (Municipality Name)	/2 //0/20// (Month) (Day) (Year)	Phone ()
Sign: DENIS HAUK	Street: 2247 NS9 TH	Town Village Chity MIWAMKR (Municipality Name)	12/10/20_11 (Month) (Day) (Year)	Phone ()
4. Jin Falk sign: John Jah	Street: 7656 IV 6314 St. City: Warwatosa zip: 53213	□ Town □ Village SCity (Municipality Name)	17_/10/20_11 (Month) (Day) (Year)	Phone (
5. Print: Mark Leynolds Sign: Mark Reynolds	Street: 3465 N. 93RD, #1 City: MILW AUKEE Zip: 53222	☐ Town ☐ Village ■ City MILWAULEE (Municipality Name)	12 /16/20_/f (Month) (Day) (Year)	Email Phone
I personally circulated this recall petition and personally of	Certification of Circulator (certify): I reside at 2 4 4 2 7 3 5 7 (Circulator's Residence – Street Name and Numbrained each of the signatures on this paper. I know that the signers are elected.	ors of the jurisdiction or district represented by t	icipality) the officeholder	Circulators, Please include your cont
named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification	paper with full knowledge of its coment on the date indicated opposite his or is punishable under \$12.13(3)(a), Wis Stats	her name. I know their respective residences gi	iven. I support this	() Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jar
Committee to

Committee to PO Box 2569 Madison, WI

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	(certify): I reside at Certification of Circulator (Circulator's Residence – Street Name and obtained each of the signatures on this paper. I know that the signers are else	Number) WALLWATO (Circulator Mun		Circulators, Please include your conta

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 8.12.13(3)(a), Wis Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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2. Michael	Polczynski	1 1 86	Street: 1180 Legion Drive	☐ Town Willage	12/12/2011	Phone 1
	1970 377	John IVW	city: Elm Gara zip: 53	A .	(Month) (Day) (Year)	Email (414) 8
3. A	Kinnsin	A Visitors	Street: WB69 S10516 Sheare	Village City	12/24/2011	Phone
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	ROBERT K		of Circulator tify): I reside at 1815 N. 7200) C	WAUWATOSA 532	12
I,	(Name of Circu		tify): I reside at		WAUWATOSA 532 (Circulator Municipality)	Circulators, please
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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	0-	Street: W156 N5496 BETTE DR.	☐ Town ▼ Village	/2/28/20// (Month) (Day) (Year)	Email
PATRICAH OSTERMAN	Valreces Determan	City: MEN. FALLS Zip. 53051	GCityMEN. FALLS	(Month) (Day) (Year)	Email
ETHEL THERMYP	8 + 1 / 3 · · · ·	Street: W180 N 7890 TOWN HALL RD	☐ Town Village City 14.	12/28/20 <u>11</u>	Phone
E I HELZUENCHEN	guerine	City: MENOMONE E 744 Szip: 53651	Menomone falls	, , ,	Email
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Mara Henningse	., (certi	ify): I reside at 6911 W. WOLS	St. Wayw	atosa	Circulators
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(Signature of Circulator)

(Day)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

(Name of Circulator)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT
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NANCY L. WOZNIAK	Many 2. Wornial	Street: 15125 Bittrswitt Road City: BROOKFIELD Zip: 53005	☐ Town ☐ Village	[/ /2 / 20/2- (Month) (Day) (Year)	Email
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William G. Holto	Certification (of Circulator fv): I reside at 9595 W Heather	Dr Greent	ield	()

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(Signature of Circulator)

(Circulator's Residence – Street name and Number)

Circulators, please

(Circulator Municipality)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
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uis Villar Cal	4-1/11	Street: 729 4 mile of City: Racine zip: 53402	Town Village Cry	///20/Z (Month) (Day) (Year)	Email Phone
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lilliem G. Holton	Certificatio	on of Circulator 9595 W Heather	Dr. Greenfield		

(Signature of Circulator)

	TO STUDIES AT TOTAL D	ECALI PETITION		Return by,
	SCOTT WALKER R	ate of wisconsin pention for the trans	of Governor Scott	Committee PO Box 25
the Wisconsin Government Accountability	ty Board: We, the undersigned qualified electors of the State Section 12 of the Wisconsin Constitution and S.9.10 of the	ie Wisconsin Statutes.		PO Box 25 Madison, V
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Ronald & Kumm	11 6 70110		MA	(262
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LAURELL KUMM	City: KENOSHAWI 7.ip: 53140 Street: 1825-29481 City: KENOSHAW: 7.ip: 53140	☐ Town ☐ Village ▼ City	9/8/2012	RS K
Sign: LAURE / Kumm Sign: Laurell Lumm	Street: 1001	Municipality Name)	(Month) (Day) (Year)	(262
ign:	City: KENOS NAW Zip: 53170			Email
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named in this petition. I know that each person signed the paper with this petition. I know that each person signed the paper with this petition. I am aware that falcifying this certification is punishable under \$1.21.3(3)(4) Wis. Stats Page No. (Official Use Only)

(Signature of Circulator) (Year) (Day) (Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.				¦ PO Bo
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Sarah Salewski sign Dannah Salewski	street: 440 South 70th Stroct City: MIWaukee zip: 53214	Town Village City Municipality Name)	A/I/2011 (Month) (Day) (Year)	Email SOY Phone
2. Print: Suzanne Schicantek sign: Sycanne Schicantek	street: 2822 W. Burnham city: Milwaukee Wl zip: 53215	Town Village City Milwaukee (Municipality Name)	1 3/3/20 1 (Month) (Day) (Year)	Email S V i
3. Print: Shamaine Schoenherrt. Sign: Shamay Schoen	fix Street: 3525 S. River Glen In # 2 City: Greenfield zip: 53228	□ Town □ Village M City Cyreen field (Municipality Name)	12/25/20/11 (Month) (Day) (Year)	Phone (4
4. Print: GREG KUMBAEK Sign: Day Kum		Town Village City (Municipality Name)	12/25/2011 (Month) (Day) (Year)	Phon (4
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phon
	Certification of Circulator	decimal decima	1 ,	1. 1
I, <u>SONATHAN</u> K SCOTT , (Printed Name of Circulator)	(certify): I reside at 7727 W HISTES ST (Circulator's Residence – Street Name and Nu		Larker cipality)	Circulate Please inclu

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a). Wis. Stats. Page No. (Official Use Only) (Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY US	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED.		Madis
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: Shoron L. Switt	Street: 7727 Nast Hustis St. City: Milwales Zip: 53223	Town Village City Molvalee (Municipality Name)	// /9/20// (Month) (Day) (Year)	Phone
2. Print: Den WistAra St Sign: Denn Araga St		Town Village City M:/wakee (Municipality Name)	// //9/20 <u>//</u> (Month) (Day) (Year)	Email 2 3 Phone
3. Print hristopher S. Schicantek Sign: Chris Schneutet	Street: 2822 West Burnham Street City: Milwarkee Zip: 53215	Town Village FCity (Municipality Name)	/28/20	Emai So Phon
Print: HUED VAN 10 NO.	Street: 438 S. 707/5T. City: MILLWAULEE Zip: 53214	Town Village City (Municipality Name)	11 /28/20// (Month) (Day) (Year)	Email Phob
5. Print: JONATHAN SCOTT Sign: Joseph K Scott	Street: 7727 W HUSTES ST	Town Village City Milwidee (Municipality Name)	1/13/2012 (Month) (Day) (Year)	Short
I, JOWATHAN SCOTT (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 7727 W HUSTES ST (Circulator's Residence – Street Name and Nu	(jt d 19)	Luaukee icipality)	Circulat

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S/12.13(3)(a), Wis. Stats.

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1. Print: lindsay timmerman		☐ Town ☐ Village ☐ City	11/24/2011	E
sign: Ludayn-timmerma	city: Shovewood zip: 53211	Shorewood (Municipality Name)	(Month) (Day) (Year)	(
2. Print: CARLA SEEGER Sign: WWW. SEEGER	Street: 4874 S. 1944 ST City: Milwaukee WI 53221	Town Village City Milwoulke (Municipality Name)	11 /24/20_11 (Month) (Day) (Year)	P
3. Print: Sign: Sign:	Street: 4262 N, 92 ND S7. City: MILWAUKE Zip: 53222	Town Village City MILW AUKLIE (Municipality Name)	11 /24/20 11 (Month) (Day) (Year)	F
4. Print: Frik Tinnernen Sign: 23	Street: 3914 Ridsefield Cir City: Shorewood. zip: 53211	□ Town ★Village □ City Shorewood (Municipality Name)	11 /ay/2011 (Month) (Day) (Year)	1
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	
0.1	Certification of Circulator (certify): I reside at 1336 N . 57th St.			

(Printed Name of Circulator)	(Circulator's Residence – Street Name and Number)	(Circulator Municipality)
I personally circulated this recall petition and personally obtained each c named in this petition. I know that each person signed the paper with ful recall petition. I am aware that falsifying this certification is punishable	I knowledge of its content on the date indicated opposite his or her name.	
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: Wayne Vorpagel sign: Wayne Vorpagel	street: 3041 East Circle Ori City: Laky Geneva WI zip: 53147 3663	Martown Utillage Lyous UI (Municipality Name)	12/9/2011 (Month) (Day) (Year)	Phone ()
2. Print: ELAINE VORPAGEL Sign: Elaine Vorpagel	Street: 3041 E. CIRCLE DR. City: LAKE GENEVA Zip: 53147	Crown Uillage City LYON 5 WI (Municipality Name)	(Month) (Day) (Year)	Phone
3. Print: Jeanne Vorpagel sign: Jeanne Vorpagel	Street: 7282 W. Kinnickinnic RVC. PKLy City: WLST Allis zip: 53219	□ Town □ Village	12/9/2011 (Month) (Day) (Year)	Emai J V Phon
4. Print: Timothy Vorpage! Sign: Junthy Vorpage!	Street: 7202 W. Kinnickenne Ruser Parkhung City: West Allis zip: 53219	Town Village City West Allis (Municipality Name)	12/9/20 <u>1/</u> (Month) (Day) (Year)	Phot
5. Print: Marcia Buraczynski Sign: Marcia Auraczepuski	street: 1629 S. Calhoun Rd.	□ Town □ Village ▼ City New Berlin (Municipality Name)	12/69/2011 (Month) (Day) (Year)	Ema
The state of the s	Certification of Circulator			4-4-
I, Timothy Varo ago! (Printed Name of Circulator)	(certify): I reside at 7200 W. Kinnelline River Par (Circulator's Residence - Street Name and Nur	wkway West Allis umber) (Circulator Muni		Circulat Please incli

recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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	, Section 12 of the Wisconsin Constitution and S.9.10 of the			PO Box 2
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1.		□Town		Email
Print: Nicholas B. Rosedl	Street: 4540 S. Quimby Ave	□ Village ▼City	1/9/2012	nbra
Sign: Wichols B. B. M		New Belin (Municipality Name)	(Month) (Day) (Year)	Phone
	(G): New Belin 24: 53151	(Wonerpain)	1	(608 Email
2. Michelle A. Roedl	1,-1,	☐ Town	1	
Print: / TX M A	Street: 4540 S. Quimby tre City: New Berlin 219: 53151	□ Village □ City □ Quality	1/12/2012	Michel
sign: Helw floed	11 2 12 50151	(Municipality Name)	(Month) (Day) (Year)	(414
3.	cin: Ulw Berlin zin: 53131			Email
Print:		□ Town □ Village].	1
Pron:	Street:	☐ City	/ /20	Phone
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1. Urcholas B. Roed . (Printed Name of Circulator)	(certify): Treside at 4540 5. County tree (Circulator's Residence – Street Name and Nu	Ven Be		Circulators,
(1 timen traine of Circulato.)		Number) (Circulator Munic		Please include yo Phone

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$\frac{5}{2}.12.13(3)(a)\$, Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Julie Borouchoff sign Julie Bowwhaff	street: 1616 N. 58th Street City: Milwaukee zu: 53208	Town Village City Milwaukee (Municipality Name)	1 / 18/2011 (Month) (Day) (Year)	Email Jbc Phone (411	
sign: Burker Brownoff	Street: 1616 N. S8th St. City: Milleaure zip: 53208	Town Village BCity (Municipality Name)	(Month) (Duy) (Year)	Email Dos Phone (4) 4	
sign: Alsian Hepp	Street: 2630 E Edgerton Apt 1 City: Cudahy zip: 53110	Town U juliage Society Milwaukpe (Municipality Name)		Email Phone (44	
14. Print: Jeremy Borovchoff Sign: Greeny Borovchoff	street: 1616 N. 58th St. City: Milwaukel Zip: 53208	Town Village City M Warkel (Municipality Name)	1 /12/2012 (Month) (Day) (Year)	Email JBAR Phone (44	
5, Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	//20 (Month) (Day) (Year)	Phone (
(Printed Name of Circulator)	Certification of Circulator (certify): I reside at 1615 N. 58 th 5+. (Circulator's Residence – Street Name and Num obtained each of the signatures on this paper. I know that the signers are elector		cipality)	Circulators Please include y Phone	

a personally circulated this recall petition and personally obtained each of the signatures of this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis Stats.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: Scott F. GONGIA Sign: Ang Fr Ome	Street: N7247405 BEFECH ST.	Town Village WCity CEDAR BURG (Municipality Name)	/2//5/20// (Month) (Day) (Year)	Phor
Print: CHAD SEMROW Sign:	Street: NICH-WOOLGO Juniper St. City: Jackson Zip: WI 5305.	Jackson	12/15/20 <u>11</u> (Month) (Day) (Year)	Phos
3. Print: Robert Krauss sign: Ruyll	street: 2122 N 116 th St City: Haunatosa Zip: 53226	Town Village City Caux ctosa (Municipality Name)	\2/\5/20 <u>\\</u> (Month) (Day) (Year)	Pho:
4. Frint MICHARL I SUKOV Sign: Michael Ju	Street: 6141 WRIGHT RD City: JOHNSU CREEK ZID: 53038	Town Utilage City FARMINGT (Municipality Name)	/2//3720_[[(Month) (Day) (Year)	Pho (9
5. Print: GREGORY JOHN GOSTZ Sign: Jay Jm Jm	Street: N71 W23745 (5000 Hope Rd). Chy: Sussex 240: 53089	□ Town O Village □ City SUSSEX (Municipality Name)	12/15/2011 (Month) (Day) (Vear)	Ema C Phot
Printed Name of Circulator)	Certification of Circulator (certify): 1 reside at <u>4001 S・TOHAS Dr</u> (Circulator's Residence – Street Name and Nu	weer) Vew Ber (Circulator Mun		Circulat

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and \$9.10 of the Wisconsin Statutes

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1. Print: Steven J. Tippel Sign: Algo	Street: 14305 W. Hem GC17 Dr. City: New Berlin zip: 53151	□ Town □ Village □ City Wew Berlin (Municipality Name)	12/14/2011 (Month) (Day) (Year)	Emai SA. Phon
2. Print: KENNETH JANKOWSK! Sign:	Street: 1019 W EDEN DLACE City: MILW Zip: 53221	☐ Town ☐ Village ☐ City (Municipality Name)	/2 //4/2011 (Month) (Day) (Year)	Emai
Sign MARK STAMPFL	Street: 6846 N. GREEN BAY Ave	Town Village City (Municipality Name)	12/4/20 <u>11</u> (Month) (Duy) (Year)	Phon
4. Ggrald Lambrald Sign: My	Street: NIII W16302 Catskill In. City: Germandown ZIB: 53022	Ges mandown (Municipality Name)	12/15/20_11 (Month) (Day) (Year)	Emai Phon
5. Bandall Hammock Sign: Rull	Street: Wat N316 Madison Ave City: Cedarleson zip: 53012	Town Village City Cedarbora (Municipality Name)	13/15/20// (Month) (Day) (Vear)	Phone Q
(Printed Name of Girkulator)	(certify): I reside at 4001 S. Johns (Circulator's Residence - Street Name and Nu	mber) (Circulator Muni	icipality)	Circulato

named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats,

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	c
1. Print: Ronald R. Tippel signi Ronald R. Tippel	Street: 3630 S. Poplar Rd. Chy: New Berlin zipi 53151	□ Town □ Village ■ City N-cus B-cr / IN (Municipality Name)	12/15/2011 (Month) (Day) (Year)	Phone (26)
Print Donna S. Tippel Sign: Monna S. Tippel	CHy: NEW BERLIN ZID: 53151	Town Village City NEW BERLIN (Municipality Name)	/2/15/20_11 (Month) (Day) (Year)	Phone (26)
3. Print: Pamela C. Tippel Sign: Wemela C Suppel	Street: 14305 W. 1-temlock Dr. City: New Berlin zip: 53151	Town Village MClty New Berlin (Municipality Name)	12/15/2011 (Month) (Day) (Year)	Phone (20
4. Print: Sign:	Streel: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20	Email Phone
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	//20(Month) (Day) (Year)	Email Phone
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Print; 1477Ctot 3	Street: 14305 W. 1	temiock ur.	☐ Village ☐ City	12/15/2011	
Sien: Pamila C Dippel			New Berlin	(Month) (Day) (Year)	Phone
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4.			□ Town		Email
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(Printed Name of Circulator)		sidence – Street Name and Nu		ınicipality)	Please Includ
I personally circulated this recall petition and personally of					Phone
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Print: David Tippe! Sign: David Tippe!	Street: 4001 S. Johns Dr. City: New Berlin Zip: 53146	Town Village City Mew Berlin (Municipality Name)	/////20 <u>/2</u> (Month) (Day) (Year)	Email diffiy Phone (262
2. Print: Samontha Track Sign: Compatible Co	Street: 401 S. Sohro Da	Town Village City (Municipality Name)	/ / / 201 Q (Month) (Day) (Year)	Email Phone
3. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	//20(Month) (Day) (Year)	Phone
4. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone
5. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone
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To the Wisconsin Government Accountability Board. We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return Commit PO Box

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY	ATY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	INICIPALITY OF RESIDENCE MUST ALWAYS	s BE LISTED.	iviauisu
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. REYNALDO	Regualdo Garcías	Street: 25/6 W. MINERAL 57.	→ □ village	01/05/2012	Email
GARCIA CRUZ	·+ ·	City: MILWAUKEE Zip: 53204	MILWAUKEE	(Month) (Day) (Year)	(414) G
2-MARIA CARMEN	martine de Sareja	Street: 2516 W. MINERAL ST.	☐ Town ☐ Village	01/05/2012	Email
MARTINEZ DE GARCIA	Maria Comelas	City: MILWAUKEE Zip: 53204	* MILWAUKEE	(Month) (Day) (Year)	Phone (4/4) G
3. Francisco	Francisco James	Street: 1105 S. 32nd St.	□ Town	01/05/2012	Email
Javier Roque	Roque	city: Milwaukee zip: 5325	Village Milwaukee	(Month) (Day) (Year)	Phone (414) (a
4. Raquel Roque	Raquel Roque	Street: 1108 5. 32nd 87,	Town Village Mi Walkel	01/0/2012	Email
	0	City: Milwaukee zip: 53215	ACity P (Walled	(Month) (Day) (Year)	(414) W
5. Napoleun Goda	Danden Corrier	Street: 3330 w M. Wew Kee	l Town	01/05/2012	Email
	Toppical Cuci.	City: Milwakee wi zip: 53215	MICHAEL AND MARKET	(Month) (Day) (Year)	Phone (414) 97
6.	Λ	Street: 3330 W OXIGLONG A.	□ Town	U /05/2012	Email
Cormen G Good	Carmer Garcia.	city: Milwaukee wt Zip: 53215	Village Milwarle	(Month) (Day) (Year)	Phone (414) 93
7.	-	Street:	☐ Town ☐ Village	/ /20	Email
:		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ()
8.		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ()
9.		Street:	☐ Town	/ /20	Email
		City: Zip:	☐ Village ☐ City	(Month) (Day) (Year)	Phone ()
10.		Street:	☐ Town	/ /20	Email
		City: Zip:	☐ Village ☐ City	(Month) (Day) (Year)	Phone ()
	Certification (of Circulator		<u></u>	
Joan H. Martinez	, (cert	rtify): I reside at 5830 W. Kinnickinni	ic River PKWY. WEST	Allis 5321	? 7 Circulators, please
(Massa of Cinas)		(Cinculator's Bosidance Character and	J ML and Cinquiston?	Administration of Harry	un cuiucoi o, picase

	Certification of Circulator	*
Joan H. Martinez	, (certify): I reside at 5830 W. Kınnickinnic	River PKWY. WesT Allis 53219
(Name of Circulator)	(Circulator's Residence - Street name and	Number) (Circulator Municipality)
	es on this paper. I know that the signers are electors of the jurisdiction or district represented by the	
e paper with full knowledge of its content on the date indicated opposite his or her	name. I know their respective residences given. I support this recall petition. I am aware that falsifyin	g this certification is punishable under S.12.13(3)(a), Wis. Stats.
0/ / 12 /20/2	Joan A Martin	Pake No Coffeed Vo Only)
(Month) (Day) (Year)	(Signature of Crculator)	
		i # i

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

(Day)

(Month)

(Year)

Article XIII, Section 12 of the Wisconsin Consti	itution and S.9.10 of the Wisconsin Statu	ites.				POI
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CON
1. Shaveta Howard	Shaveta Hovar	Street: 9309 W. Manor Ct.	Town Village Milwaukee	11/22/2011	Email	
		City. Milwaukee zip. 53224	Scity Milwaukee	(Month) (Day) (Year)	()
2.)ames Ragland) R	Juneo (Ragland Je	strett N. Indiana St	□ Town □ Village	H/22/201	Email	
		city: Racine zip: 53405	Acine Racine	(Month) (Day) (Year)	Phone ()
3. 7=144	8	Street: 2/04 my K Dr	☐ Town ☐ Village	11/22/2011	Email	
FM ma adias	Emma acaio	CHIM / / Maux ee 21p5 3212	City Ni I warto	(Month) (Day) (Year)	Phone ()
4.	or the	Street 2104 M. L. Hi DR	□ Town	11/22/2012	Email	
HENRY MATHE	berry Malker	City: MIL WAUKTEVE Zip 5,3212	City MILWAUMER	(Month) (Day) (Year)	Phone ()
5.		Street: 439 W AUER. AVE	☐ Town ☐ Village	11/24/2011	Email	
230BERT PATTERSING	Robert Potterion	City: Oni CUNUKEE Zip: 53212	Send on	(Month) (Day) (Year)	Phone ()
6.	A MI DOO	Street: 2903 MIST	☐ Town ☐ Village	1 2 20 CL	Email	
Liftony byong L	sully took	City: Milwaulle zip 5326		(Month) (Day) (Year)	Phone (.)
7. 7.		Street: 2/64 MILK Dring	☐ Town ☐ Village	11/25/2011	Email	
JANIF LIMBRSHALL	Janie I. Marshall	City: M/ [[K]] K F F Zip: 5 33/3	City MILWAUKER	(Month) (Day) (Year)	Phone ()
8.	In. M. M.	Street: 2104 N. MLK DR	□ Town □ Village	11/27/2011	Email	
Willie Howard	Willie Howard	city: Milwaukee zip: 53212	MCity Milwaukee	(Month) (Day) (Year)	Phone ()
9.	0	Street: 0619 N. 74th of	☐ Town ☐ Village	11/29/2011	Email	
Amanda Lamon 1	marga Jamon	City: Milwaukee zip: 53218	Xcity Milwankee	(Month) (Day) (Year)	Phone ()
10.	11 , "	2104 mLiti Dro	☐ Town ☐ Village	11/29/2011	Email	
TIONA NAMES	thora Harris	City: MINIUKEE 215219	"Gyn. 1 was tee	(Month) (Day) (Year)	Phone ()
Toka O Made	Certification (AINH MIN	Da #205 15	3211,		
Name of Circulate		ify): I reside at (Circulator's Residence – Street name an		MILLIANT OF		lators, p
ersonally circulated this recall petition and personally obtained	ed each of the signatures on this paper. I know that t	the organism of the inrisdiction or district represented by the residences given I support this recall petition. I am aware that falsify	e officeholder named in this petition. I know the	hat each person signed	P	Phone

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